

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 122  
Registered No. 850

1. PLACE OF BIRTH

County Child State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City MIAMI No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Naomi Lynette Bovey { If child is not yet named, make supplemental report, as directed.

3. Sex of Child

F

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth 5 4 30  
Month Day Year

8.

FATHER

Full name

Claud C Bovey

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

10. Color or race

White

11. Age at last birthday 95 (Years)

12. Birthplace (city or place)

(State or country)

Michigan

13. Occupation

Nature of Industry

Agent Stage B.

14.

MOTHER

Full maiden name

Jessie Harris

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

16. Color or race

W. Am.

17. Age at last birthday 25 (Years)

18. Birthplace (city or place)

(State or country)

Iowa

19. Occupation

Nature of Industry

D. W.

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

3

(a) Born alive and now living 3

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born (Born alive or stillborn.)

at 11 a.m. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

C. F. Perkins

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Miami

Filed

Oct-8, 1930 C. E. Dorris

Registrar

Registrar

528-804-182